



City of Memphis 2009 Open Enrollment and Health Plan Information

All City Employees & Retirees: The following pages contain information regarding the benefit plans that will become effective January 1, 2010. The following information is provided to help employees determine which plan will meet his or her needs:

- Open Enrollment Details
- Medicare Advantage Plan (Medicare Part C)
- Health plan premiums
- Prescription benefit coverage details
- Benefit plan comparisons
- Dental & Vision Plan Designs and Rates
- Beneficiary Change Form, HIPAA, COBRA Information
- Self Service
- Flexible Spending Accounts
- What you need to know about City of Memphis Open Enrollment

Open Enrollment 2009 is scheduled for October 12, 2009 – October 23, 2009.

For 2010 we will maintain the City of Memphis Basic Plan and the City of Memphis Premier Plan and the **Medicare Advantage Plan**. The Medicare Advantage Plan is a Medicare Part C plan that is fully insured and administered by United Healthcare. You can receive more details about this plan in the Medicare Advantage Section.

Benefits staff representatives will be available to assist you in completing your enrollment materials between the hours of 8:30 a.m. and 4:30 p.m. Open Enrollment will be held at two locations, the Benefits Satellite office located at 4225 Riverdale Road and at the City Hall location at 125 North Main, Room 438. If you make changes in your choice of plans, identification cards will be mailed to your home prior to the first of January, 2010. A simplified table included will enable you to compare and contrast the medical benefit plans so that you can make an informed decision regarding your family's healthcare coverage.

Effective October 23, 2009 any dependent's file that does not have a social security number will lose coverage. This is mandated by the Federal Government. Please add the numbers on the forms that are included to prevent loss of coverage.

Please read the enclosed information and make your decision regarding all benefits that are available. Once you have made a selection and submitted your paperwork no changes can be made until the next open enrollment or change in family status occurs. If you do not complete an Open Enrollment form and return it to the Benefits office, your current plan will remain the same. However, we encourage retirees and those employees with other primary insurance coverage to return the enclosed OTHER INSURANCE INFORMATION UPDATE FORM, even if you are not making changes, so the City can provide the most accurate information possible for the coordination of benefits with United Healthcare. (The purpose of this packet is to give you the information to make your choice in determining your benefits needs.)

United Healthcare's Physicians network includes 617,000 physician locations and over 430,000 physicians. If you need a provider directory for your area, please contact United Healthcare at 866-540-5933, or you may locate a provider online at www.myuhc.com. United Healthcare provides an extensive continuum of care including a 24 hour nurse hotline, Custom Care Management, and Healthy Lifestyle Programs for those interested in preventive healthcare management.

Remember: All plans, the Premier Plan, the Basic Plan and the Medicare Advantage Plan are quality plans, but you need to carefully choose the one that best meets the needs of you and your family.

Please be sure to read all of the information in the Booklet so that you will be aware of all plans offered by the City of Memphis and choices you might want to make for the year 2010.

Enclosed are beneficiary change forms for the City of Memphis Non-Contributory Death Benefit, the City of Memphis Contributory Life Insurance and City of Memphis Voluntary Life Insurance. It is always good to review your records, but if you have had any change in family status (marriage, divorce, death, etc.) you may need to update your beneficiary. If you are currently not enrolled in one of the Life Insurance benefits, and wish to enroll you must complete an evidence of insurability form to apply. If you have any questions regarding your life insurance, please contact the City of Memphis Benefits Office at 901-576-6761 for City Hall or call 901-576-6424 for the Satellite Center.

FLEXIBLE SPENDING ACCOUNTS

The City of Memphis offers its active employees the opportunity to join the Flexible Spending Program (FSA). A FSA is a flexible way to help you pay for expenses that are not usually covered by your benefit plan. When you enroll in a FSA, you decide how much you want to set aside from each paycheck before taxes are deducted. For every dollar you contribute to your FSA, you reduce your taxable income by that same amount, in other words you don't pay taxes on the money you set aside. This money is available for you to use all year long to pay for expected and unexpected out of pocket eligible expenses.

There are two accounts available to use, the Healthcare account and the Dependent Care account. A maximum \$5000.00 can be deposited into each account. Please determine how much you will need because there is a "Use It or Lose It" policy. For additional information, please call the Benefit Service Center.

The Medicare Advantage Plan

What is Medicare Advantage?

Medicare Advantage is a plan that will include medical benefits that are administered by United Healthcare and pharmacy benefits that are administered by SilverScript. This plan will be very similar to the existing City of Memphis plans. It is a private fee for service medical plan and the physician must be willing to accept new Medicare participants (98% of physicians) and Medicare allowable fees. There is no specific network and this plan will be great for those retirees who

are out of the area. Now, retirees can go to any provider that is considered a **deemed** Medicare provider.

A provider is considered deemed, if the provider:

- Is aware that you are enrolled in the Plan **before you** are treated
 - Has access to and agrees to accept the Plan's terms, conditions, and payment rate and participation, and
 - Agrees to submit the bill for covered services directly to the Plan for payment in full (less any cost sharing)
- Retirees enrolling in the Medicare Advantage plan will have access to the following benefits:
- Members have access to any provider who accepts Medicare patients
 - Doctors and hospitals are available nationwide
 - The plan designs are similar to the City's Basic & Premier plans
 - Cost savings are maximized by utilizing Medicare
 - Some additional benefits are offered by the Medicare Advantage plan that are not available through the regular City benefit programs (See Benefits Summary)

Your prescription drugs will be covered much the same as they are under the current Caremark plan. Because of Medicare rules, you will be asked to use a different formulary of preferred drugs. But, otherwise, your plan should operate in the same manner and you will be able to use the same pharmacies.

If you are looking for a plan that requires a less expensive premium and you are currently enrolled in Medicare Parts A and B, the Medicare Advantage plan offers a low cost alternative that is flexible and includes some benefits that are not offered through the City's regular plans. If you enroll in Medicare Advantage, your regular Medicare coverage will cease when the Medicare C plan becomes effective in January 1, 2010.

Remember, please be sure to enroll in Medicare by November 30, 2009 for an effective date of January 1, 2010 to ensure a smooth transition for Coordination of Benefits with United Healthcare, SilverScript and Medicare.

SELF SERVICE

This year the Open Enrollment Process will be available to employees and retirees online. Please go to <http://openenrollment.memphistn.gov> for details.

Health Plan Premiums for 2010

Active Employees:

City of Memphis Premier Plan	Per Pay Period	Single \$64.26	Family \$129.80
City of Memphis Basic Plan	Per Pay Period	Single \$60.26	Family \$127.93

Retired Employees – Medicare

City of Memphis Premier Plan	Per Pay Period	Single \$65.45	Family \$129.80
City of Memphis Basic Plan	Per Pay Period	Single \$60.26	Family \$126.42

Retired Employees – Non-Medicare

City of Memphis Premier Plan	Per Pay Period	Single \$67.24	Family \$133.34
City of Memphis Basic Plan	Per Pay Period	Single \$61.57	Family \$129.43

Medicare Advantage Plan

Premier Plan	Per Pay Period	Single \$40.84	Family \$81.67
City of Memphis Basic Plan	Per Pay Period	Single \$37.46	Family \$74.92

Medicare Coordination of Benefits

If you are retired and have not notified the City of your Medicare Eligibility, please complete the enclosed OTHER INSURANCE INFORMATION UPDATE FORM and mark the section to indicate if you have Medicare A, B or D. This will assist United Healthcare in coordinating your benefits in a more accurate manner. It will also be beneficial when we coordinate the Medicare Part D information (see Medicare Part D below).

Prescription Drug Coverage

Medicare Part D –

Please visit the Medicare website for information at www.Medicare.gov. Although Medicare is available, if you choose to remain with the City of Memphis Pharmacy coverage, there will be no changes in your prescription drug coverage for 2010. The pharmacy benefit provided by SilverScript under the Medicare Advantage Plan is a Medicare D program; this program is an enhanced benefit and is a part of the City of Memphis plan. Mail order is available for all maintenance medication and any drug prescribed for 90 days or more. Maintenance medications are drugs that are utilized to manage chronic conditions such as diabetes, hypertension and hormone therapy.

The following are the current co-pays for prescription drugs:

RETAIL PROGRAM

Generic	Formulary	Non-Formulary Brand Name
\$10 co-pay	\$20 co-pay	\$40 co-pay

MAIL SERVICE PROGRAM (90 Day Supply)

Generic	Formulary	Non-Formulary Brand Name
\$20 co-pay	\$40 co-pay	\$80 co-pay

Reminder: The City and Caremark want to make sure that you are receiving the most appropriate and effective prescription therapies. One way Caremark works to ensure your safety is through a review process that evaluates prescriptions that are filled through Caremark's mail service program or at a participating local retail pharmacy. In some instances, a Caremark pharmacist may consult with your doctor by telephone or fax to discuss a current prescription. Your doctor may agree to change the medicine, adjust the number of doses, or alter the length of time you need to take the medicine. Please remember that your doctor is the final decision-maker regarding any changes in your course of therapy. Caremark cannot change a prescription without the full consent of your prescribing doctor, either directly or through an authorized agent. If the pharmacist and the doctor agree that an alternate medicine is not appropriate for you, the prescription will be filled as originally written.

Summary of the 2010 City of Memphis Basic Plan

The following are brief highlights of the major plan provisions for the City of Memphis Basic Plan. You must refer to the Summary Plan Description for details regarding the plans. **PRE-EXISTING CONDITIONS: Pre-existing conditions will be covered if a “certificate of creditable coverage” can be provided and there has been no break in coverage for 63 days or more from your previous healthcare provider. A pre-existing condition is any illness, including pregnancy, or injury that was treated, diagnosed, or for which symptoms existed during the 90 days immediately preceeding the date a person becomes insured for health.**

PLAN OPTIONS	CITY OF MEMPHIS BASIC PLAN	
ANNUAL DEDUCTIBLE	* In Network: You pay \$350 Single, \$1,050 Family.	Out of Network: You pay \$350 Single \$1,050 Family.
CO-INSURANCE <i>Hospital and Other Services</i>	* In Network: You pay 10%, Plan pays 90%.	Out of Network: You pay 30%, Plan pays 70%
ANNUAL OUT OF POCKET (OOP) MAXIMUM	* In Network: You pay \$1,500 Single; \$3,000 Family.	Out of Network: You pay \$3,500 Single; \$7,000 Family.
OFFICE VISIT AND HOSPITAL <i>Primary Care Physician or Specialist</i> <i>Inpatient Hospital Co-pay (per admit)</i> <i>Urgent Care Co-pay</i> <i>Emergency Room Co-pay</i>	* In Network: <i>You pay 10%. Plan pays 90%</i> You pay \$100 co-pay + 10%, Plan pays 90% after co-pay. You pay 10%. Plan pays 90%. You pay \$25 co-pay + 10%, Plan pays 90% after co-pay	Out of Network: <i>You pay 30%. Plan pays 70%</i> You pay \$300 co-pay. + 30%, Plan pays 70% after co-pay. You pay 30%, Plan pays 70%. You pay 30% Plan pays 70%.
PREVENTIVE CARE Well Child Office Co-pay • Do not have to meet deductible Well Adult Visit • Do not have to meet deductible*	* In Network: You pay \$0 co-pay Plan pays 100% . You pay \$0 co-pay per visit, Plan pays 100%.	Out of Network: NOT COVERED NOT COVERED
OTHER CARE Chiropractic Care • Yearly max noted Physical, Cardiac, Speech,Occupational Therapy • Yearly Max noted* Hospice Care-Lifetime max. \$10,000 Inpatient/Outpatient Combined Outpatient Durable Medical Equip. Limit Prosthetics limit (Occurrences/year)	* In Network: You pay \$20, Plan pays 100%. You pay 10%, Plan pays 90%. You pay 10%, Plan pays 90%. You pay 10%, Plan pays 90%. You pay 10%, Plan pays 90%. You pay 10%, Plan pays 90%.	Out of Network: NOT COVERED You pay 30%, Plan pays 70%. You pay 30%, Plan pays 70%. You pay 30%, Plan pays 70%. You pay 30%, Plan pays 70%. You pay 30%, Plan pays 70%.
MENTAL HEALTH/SUBSTANCE ABUSE Inpatient Coinsurance Outpatient Coinsurance Out-Patient Group Therapy	* In Network: You pay 10% Plan pays 90% after deductible. You pay 10% Plan pays 90% after deductible. You pay 10% Plan pays 90% after deductible.	Out of Network: You pay 30%, Plan pays 70%, after deductible You pay 30%, Plan pays 70%, after deductible You pay 30%, Plan pays 70%, after deductible
EMPLOYEE ASSISTANCE PROGRAM (CONCERN EAP)	It is recommended that you contact CONCERN EAP to assist you at (901) 458-4000.	
<div>* Annual Deductible applies unless otherwise noted.</div> <div>* All hospital admissions must be pre -certified and are subject to continued stay review. A penalty and/or denial may apply to admissions not pre -certified.</div> <div>* Pre-existing condition limitations are imposed unless covered under a City of Memphis plan for 1 year immediately prior to 01-01-09.</div> <div>* PRE-EXISTING CONDITIONS: Pre-existing conditions will be covered if a “certificate of creditable coverage” can be provided and there has been no break in coverage for 63 days or more from your previous healthcare provider.</div>		

Summary of the 2010 City of Memphis Premier Plan

The following are brief highlights of the major plan provisions for the City of Memphis Basic Plan. You must refer to the Summary Plan Description for details regarding the plans. **PRE-EXISTING CONDITIONS: Pre-exisitng conditions will be covered if a “certificate of creditable coverage” can be provided and there has been no break in coverage for 63 days or more from your previous healthcare provider. A pre-existing condition is any illness, including pregnancy, or injury that was treated, diagnosed, or for which symptoms existed during the 90 days immediately preceeding the date a person becomes insured for health.**

PLAN OPTIONS	CITY OF MEMPHIS PREMIER PLAN
ANNUAL DEDUCTIBLE	In Network: You pay \$0 Out of Network: You pay \$400 Single, \$1,200 Family.
ANNUAL OUT OF POCKET (OOP) <i>See Summary Play Document for Mental Health or Substance Abuse Limits</i>	In Network: You pay \$0 (applicable co-pay) Out of Network: You pay \$3,000 Single + Deductible, \$7,000 Family + Deductible; Plan pays 100% after OOP is met on allowable benefits.
OFFICE CARE <i>Physician, Lab, Xray-,</i>	In Network: You pay \$20 per visit, Plan pays the balance Out of Network: You pay 40% of charges, Plan pays 60% of charges. Routine care not covered.
IN-HOSPITAL CARE <i>Physician Service, Room & Board, Lab & X-ray.</i>	In Network: You pay \$100 co-pay; Plan pays balance Out of Network: You pay 40% of charges + \$300 co-pay, Plan pays 60% of charges.
PREVENTIVE CARE <i>Do not have to meet deductible</i> Well Adults Physical/Labs Well Child	In Network: You pay \$0 per visit; Plan pays balance. Out of Network: Routine care not covered. In Network: You pay \$0 per visit; Plan pays balance. Out of Network: Routine care not covered. In Network: You pay \$0 per visit; Plan pays balance. Out of Network: Not covered.
OUTPATIENT TREATMENT AND SERVICES	In Network: You pay \$100 co-pay; Plan pays balance Out of Network: You pay 40% of charges, Plan pays 60% of charges, after \$300 copay and annual deductible.
EMERGENCY AND URGENT CARE SERVICES <i>Ambulance, ER.</i>	In Network: You pay \$100 for Hospital, if true ER; \$30 for Urgent Care, Plan pays balance Out of Network: You pay 40% of charges if not true ER, Plan pays 60% of charges if not true ER.
LABORATORY AND RADIOLOGY SERVICES <i>MRIs, MRAs, CAT Scans and PET Scans</i> <i>Other Laboratory Services and Radiology.</i>	In Network: You pay 0; Plan pays ALL Out of Network: You pay 40% of charges, Plan pays 60% of charges.
MATERNITY CARE SERVICES <i>Physician care, hospitalization</i> <i>nursery care for newborns</i>	*Maternity Benefits are covered for the employee or spouse of an employee only. *Dependent children are not covered for maternity care. In Network: You pay \$20 for initial visit only: \$100 in-patient co-pay, Plan pays the balance. Out of Network: You pay 40% of charges, Plan pays 60% of charges.
MENTAL HEALTH/SUBSTANCE ABUSE	In Network: Inpatient Care: You pay \$50 per day with a 25-day maximum per contrat year; Plan pays the balance. Outpatient Care: You pay \$30 per day with a 20 visit maximum per contract year; Plan pays the balance. Outpatient Group Therapy: You pay \$15 per day with a 40 visit maximum per contract year; Plan pays the balance. Out of Network: Charges for mental health and substance abuse care are not covered.
EMPLOYEE ASSISTANCE PROGRAM (CONCERN EAP)	It is recommended that you contact CONCERN EAP to assist you at (901) 458-4000.

1. Out-of-Network services are subject to annual deductibles and reasonable & customary limitations. 2. All hospital admissions must be pre-certified and are subject to Continued Stay Review. A penalty and/or denial may apply to admissions not pre-certified. 3. PRE-EXISTING CONDITIONS: Pre-existing conditions will be covered if a “certificate of creditable coverage” can be provided and there has been no break in coverage for 63 days or more from your previous healthcare provider.

Summary of the 2010 City of Memphis Medicare Advantage Plans

MEDICAL BENEFIT (provided by United Healthcare Secure Horizons)	Patient Responsibility	
	Basic Plan	Premier Plan
PHYSICIAN SERVICES		
Primary Care Office Visit Copay	10%	\$20
Specialist Office Visit Copay	10%	\$20
Medicare Required (Part B) Drugs	10%	\$20
Inpatient Hospital Copay	10%	\$100 per stay
Inpatient SNF (Skilled Nursing Facility)	10%	\$0
Outpatient Copays		
Lab Services	10%	\$0
Standard film X-rays	10%	\$0
Surgery & Observation	10%	\$100
All Other Procedures	10%	\$0
Outpatient Therapy (Occupational/Physical/Speech)	\$20	\$20
Outpatient Rehabilitation Therapy	\$20	\$20
Inpatient Mental Health/Substance Abuse	10%	\$50 per day
Partial Hospitalization	10%	\$50 per day
Outpatient Mental Health		
Group Visits	10%	\$15
Individual Visits	10%	\$30
Home Health Services	10%	\$0
Durable Medical Equipment	10%	\$0
Transplants	10%	\$100 per stay
Renal Dialysis	10%	\$20
Podiatry - 6 routine visits per year	10%	\$20 for Medicare covered only
Routine Eye Exam (Annual)	\$0	\$0
Medicare Required Dental	10%	\$20
Medicare Required Chiropractic	10%	\$20
Medicare Required Hearing	10%	\$20
Emergency Room	\$50	\$50
Urgent Care Centers	10%	\$30
Ambulance	10%	\$0
Annual Out of Pocket Maximum	\$1,500	Not applicable
ANCILLARY BENEFITS		
Nurseline	NL8 - Nursing Hotline	NL8 - Nursing Hotline
Cargiver	CGV-Standard Giver	CGV-Standard Giver
Transportation	Not Covered	
Chiropractor	Not Covered	
Fitness Benefit	FTL-Silver Sneakers	FTL-Silver Sneakers
	\$0 Exam Copay;	\$0 Exam Copay;
	1 exam per year;	1 exam per year;
	Materials not covered	Materials not covered
Vision Plan		
Vision Plan (Hardware)*		
Hearing Plan		
Hearing Plan (Hardware)*		
Dental		
Deluxe Rider		
PHARMACY (provided by SilverScript by Caremark)	Basic Plan	Premier Plan
Retail Pharmacy		
Generic Copay	\$10	\$10
Preferred Brand Copay	\$25	\$25
Non-preferred Brand Copay & Specialty	\$60	\$60
Specialty Drug Copay	33%	33%
Mail Order Pharmacy		
Generic Copay	\$15	\$15
Preferred Brand Copay	\$56	\$56
Non-preferred Brand Copay & Specialty	\$165	\$165
Specialty Drug Copay	N/A	N/A
Catastrophic Coverage	5% or \$2.50 / \$6.30	
After Out of Pocket Maximum	\$550	\$550

Dental and Vision Information

United Healthcare Dental and Vision are fully insured plans. There are three dental plans, the Dental Primary, Dental Basic, and the Dental Premier. You may enroll in either dental or vision without enrolling in the other. In addition to regular spouse and dependent coverage dependents can be covered if they are between the age of 19 and 25 and are full time students in an accredited school or program.

A new option is being added due to numerous requests for Adult Orthodontic services. This service has been added to both the Basic and Premier Plans. A third plan has been added to meet the needs of those participants who wish to know the flat rate on In Network Services provided. This plan is called City of Memphis Dental Primary Plan. Please read carefully to determine which plans will best meet your needs.

Additional information will be mailed to your home regarding your options. The plan will provide both out of network and in network benefits.

		Monthly	Per Pay Period
Dental Primary (In Network only)	Employee Only	\$9.48	\$ 4.74
	Employee + One	\$18.84	\$ 9.42
	Family	\$34.84	\$17.44
Dental Basic	Employee Only	\$15.34	\$ 7.67
	Employee+ One	\$31.56	\$15.78
	Family	\$45.92	\$22.96
Dental Premier	Employee Only	\$27.50	\$13.75
	Employee+ One	\$56.58	\$28.29
	Family	\$82.32	\$41.16
Vision	Employee Only	\$ 5.10	\$ 2.55
	Employee+ One	\$ 9.36	\$ 4.68
	Family	\$15.88	\$ 7.94

We have added a vision option for those employees who have the medical plan and wish to use their vision coverage for materials (lenses, frames) only.

Vision (Material Only)	Employee Only	\$ 3.57	\$ 1.79
	Employee+ One	\$ 6.55	\$ 3.28
	Family	\$11.12	\$ 5.56

- *You do not have to be enrolled in the dental to enroll in the vision plan*
- *Dependents must be full time students to be covered between the ages of 19 and 25*

Note: New enrollees must complete enrollment forms and submit to the Benefits office. Proof of dependents eligibility must be provided also.

City of Memphis Premier Dental Plan

	<i>Non-Orthodontics</i>		<i>Orthodontics</i>	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<i>Individual Annual Deductible</i>	<i>\$50</i>	<i>\$50</i>	<i>\$50</i>	<i>\$50</i>
<i>Family Annual Deductible</i>	<i>\$150</i>	<i>\$150</i>	<i>\$150</i>	<i>\$150</i>
<i>Maximum (combined for both In-Network and Out-of-Network services)</i>	<i>\$1000 per person per calendar year</i>	<i>\$1000 per person per calendar year</i>	<i>\$500 annual Maximum, \$1000 per person per lifetime</i>	<i>\$500 Annual Maximum \$1000 person per lifetime</i>

<i>Annual deductible applies to preventive and diagnostic services</i>	<i>No</i>
<i>Annual deductible applies to orthodontic services (combined with Annual maximum)</i>	<i>Yes</i>
<i>For new enrollees, a 12-month waiting period applies to major services & orthodontics</i>	<i>Yes</i>
<i>Orthodontic eligibility requirement</i>	<i>Adult and Child</i>

Covered Services	In-Network Plan Pays*	Out-of-Network Plan Pays**	
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES			
Periodic Oral Examinations	100%	100%	
Bitewing X-rays	100%	100%	
Complete Series or Panorex X-rays	100%	100%	
Dental Prophylaxis (Cleanings)	100%	100%	
Fluoride Treatments	100%	100%	
Sealants	100%	100%	
BASIC DENTAL SERVICES (Minor Restorative, Endodontics, and Oral Surgery)			
Amalgam Restorations (Fillings)	80%	80%	
Composit Resin Restorations (Fillings)	80%	80%	
Space Maintainers	80%	80%	
Root Canal Treatment	80%	80%	
Simple Extraction	80%	80%	
Surgical Extractions including Impacted Wisdom Teeth	80%	80%	
General Anesthesia	80%	80%	
Palliative Treatment (Relief of Pain)	80%	80%	
MAJOR DENTAL SERVICES (Including Periodontics)			
Crowns	50%	50%	
Root Planning	50%	50%	
Periodontal Surgery	50%	50%	
Fixed Bridges	50%	50%	
Full Dentures	50%	50%	
Inlays and Onlays	50%	50%	
Partial Dentures	50%	50%	
Relining Dentures	50%	50%	
Repairs to Full Dentures, Partial Dentures, Bridges	50%	50%	
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite including Phase I and Phase II	50%	50%	

The in- and out of network percentage of benefits is based on the discounted fee negotiated with the provider.

This plan includes a roll-over maximum benefit. Some of the unused portion of your annual maximum may be available in future periods.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

City of Memphis Basic Dental Plan

	<i>Non-Orthodontics</i>		<i>Orthodontics</i>	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<i>Individual Annual Deductible</i>	<i>\$50</i>	<i>\$100</i>	<i>\$50</i>	<i>\$100</i>
<i>Family Annual Deductible</i>	<i>\$150</i>	<i>\$300</i>	<i>\$150</i>	<i>\$300</i>
<i>Maximum (combined for both In-Network and Out-of-Network services)</i>	<i>\$1000 per person per calendar year</i>	<i>\$750 per person per calendar year</i>	<i>\$500 annual Maximum, \$1000 per person per lifetime</i>	<i>\$375 Annual Maximum \$750 person per lifetime</i>
<i>Annual deductible applies to preventive and diagnostic services</i>			<i>No</i>	
<i>Annual deductible applies to orthodontic services (combined with Annual maximum)</i>			<i>Yes</i>	
<i>For new enrollees, a 12-month waiting period applies to major services & orthodontics</i>			<i>Yes</i>	
<i>Orthodontic eligibility requirement</i>			<i>Adult and Child</i>	

Covered Services	In-Network Plan Pays*	Out-of-Network Plan Pays**	
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES			
Periodic Oral Examinations	100%	80%	
Bitewing X-rays	100%	80%	
Complete Series or Panorex X-rays	100%	80%	
Dental Prophylaxis (Cleanings)	100%	80%	
Fluoride Treatments	100%	80%	
Sealants	100%	80%	
BASIC DENTAL SERVICES (Minor Restorative, Endodontics, and Oral Surgery)			
Amalgam Restorations (Fillings)	80%	60%	
Composite Resin Restorations (Fillings)	80%	60%	
Space Maintainers	80%	60%	
Root Canal Treatment	80%	60%	
Simple Extraction	80%	60%	
Surgical Extractions including Impacted Wisdom Teeth	80%	60%	
General Anesthesia	80%	60%	
Palliative Treatment (Relief of Pain)	80%	60%	
MAJOR DENTAL SERVICES (Including Periodontics)			
Crowns	50%	40%	
Root Planning	50%	40%	
Periodontal Surgery	50%	40%	
Fixed Bridges	50%	40%	
Full Dentures	50%	40%	
Inlays and Onlays	50%	40%	
Partial Dentures	50%	40%	
Relining Dentures	50%	40%	
Repairs to Full Dentures, Partial Dentures, Bridges	50%	40%	
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite including Phase I and Phase II	50%	40%	

*The in- and out of network percentage of benefits is based on the discounted fee negotiated with the provider.

**The out-of-network percentage of benefits is based on the 80th percentile of usual and customary rates prevailing in the geographic area in which the expenses are incurred.

This plan includes a roll-over maximum benefit. Some of the unused portion of your annual maximum may be available in future periods.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

City of Memphis Primary Dental Plan In Network Only

	<i>Non-Orthodontics</i>		<i>Orthodontics</i>	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<i>Individual Annual Deductible</i>	<i>None</i>	<i>None</i>	<i>None</i>	<i>None</i>
<i>Family Annual Deductible</i>	<i>None</i>	<i>None</i>	<i>None</i>	<i>None</i>
<i>Maximum (combined for both In-Network and Out-of-Network services)</i>	<i>\$1500 per person per calendar year</i>	<i>\$1500 per person per calendar year</i>	<i>\$1000 per person per lifetime</i>	<i>\$1000 per person per lifetime</i>

Covered Services	Network Enrollee Pays**	Out-of-Network Enrollee Pays***	
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES			
Periodic Oral Examinations	\$0	100%	
Bitewing X-rays	\$0	100%	
Complete Series or Panorex X-rays	\$0	100%	
Dental Prophylaxis (Cleanings)	\$0	100%	
Fluoride Treatments	\$0	100%	
Sealants	\$0	100%	
BASIC DENTAL SERVICES (Minor Restorative, Endodontics, and Oral Surgery)			
Space Maintainers	\$100	100%	
Palliative Treatment (Relief of Pain)	\$35	\$35	
General Anesthesia	\$115	100%	
Amalgam Restorations (Fillings)	\$40	100%	
Composite Restorations (Fillings)	\$47	100%	
Surgical Extraction including Impacted Wisdom Teeth	\$145	100%	
Root Canal Treatment	\$235	100%	
Scaling and Root Planing	\$70	100%	
Periodontal Surgery	\$339	100%	
MAJOR DENTAL SERVICES (Including Periodontics)			
Crowns	\$380	100%	
Inlays	\$310	100%	
Fixed Bridges	\$380	100%	
Full Dentures	\$440	100%	
Partial Dentures	\$440	100%	
Recement Crowns	\$25	100%	
Relining Dentures	\$100	100%	
Repairs to Full Dentures	\$65	100%	
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite	50%	50%	

*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exists your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$200; please consult your dentist.**The network enrollee copay will be the lesser of the copay shown above and the discounted fee negotiated with the provider.***The non-network orthodontic percentage of benefits is based on the usual and customary charges prevailing in the geographic area in which the expenses are incurred. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

City of Memphis Vision Plan

COMPREHENSIVE VISION EXAM (\$15 Copay; Once Every 12 Months)

Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist.

MATERIALS (\$15 Copay)

The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

Pair of Lenses for Eyeglasses (Once Every 12 Months)

- One pair of standard single vision, lined bifocal, lined trifocal, or standard lenticular lenses is covered-in-full.
- Standard scratch-resistant coating and polycarbonate lenses (adult/children) are covered-in-full.
- Lens Options - Options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount.

Frames (Once Every 24 Months)

Receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, or a \$130 frame allowance at retail chain providers.

Contact Lenses in Lieu of Eyeglasses (Once Every 12 Months)

• Covered-in-full elective contact lenses

The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after applicable copay) for many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to 6 boxes (depending on prescription) are included when obtained from the network provider. It is important to note that Spectera's covered-in-full contact lenses may vary by provider.

• All other elective contacts

A \$150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

• Necessary contact lenses*

Covered-in-full (after applicable copay)

REFRACTIVE EYE SURGERY

Spectera participants receive access to discounted refractive eye surgery from numerous provider locations throughout the United States. To find a participating laser eye surgeon in your area, visit our Web site at www.spectera.com, or call 1-877-28-SIGHT

SERVICE	AMOUNT	SERVICE	AMOUNT
Exam		Lenses	
Optometrist	up to \$40	Single Vision	up to \$40
Ophthalmologist	up to \$40	Bifocal	up to \$60
		Trifocal	up to \$80
		Lenticular	up to \$80
Contact Lenses (in lieu of eyeglasses)			
Elective	up to \$150		
Necessary*	up to \$210	Frames	up to \$45

Please note: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted with 12 months of the date of service.

*Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact Spectera concerning the reimbursement that Spectera will make before you purchase such contacts.

Important to Remember:

- Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.
- Your \$150 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$120 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

Please retain this Benefit Summary and Vision Care Program description that includes detailed benefit information and instructions on how to use the program. To contact United Healthcare Vision Customer Service department, call toll-free 1-800-638-3120 or TDD 1-800-524-3157 for the hearing impaired. Customer service representatives are available Monday through Friday from 8:00 am to 11:00 pm ET - Saturdays from 9:00 am to 5:30 pm ET.

Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.

The following services and materials are excluded from coverage under the Policy: Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that requires the services of a physician; Worker's Compensation services or materials; Services or materials that the patient, without cost, obtains from any governmental organization or program; Services or materials that are not specifically covered by the Policy; Replacement or repair of lenses and/or frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

HIPAA OPT-OUT NOTICE TO PARTICIPANTS IN CITY OF MEMPHIS BASIC AND PREMIER PLANS

As you may be aware, in 1996, Congress passed the Health Insurance Portability and Accountability Act, the mental Health Parity Act and the Newborns' and Mothers' Health Protection Act. In general, these laws do the following:

1. Limit the period of time for which a health benefit plan may apply pre-existing condition exclusions and to further reduce that period because of certain health care coverage you may have had under prior health plans.
2. Allow participants and dependents who previously declined coverage due to coverage under another plan to elect to enroll in this plan within 30 days of losing the other coverage.
3. Prohibit discrimination against participants based on health status.
4. Provide for a minimum hospital stay of 48 hours (96 for cesarean birth) for a mother as a result of childbirth (a participant can voluntarily shorten or forego the 48 (96) hour minimum).
5. Prohibit annual or lifetime maximums for mental health benefits which are lower than the maximums for other health care expenses unless certain conditions are met.

Federal law permits a non-federal governmental plan to elect to be exempt from any or all of the requirements listed above, to the extent it is self-funded. The City of Memphis no longer chooses to be exempt from the following:

1. The limitations on pre-existing condition exclusion periods (Section 146.111 of the PHSA): Limitations on pre-existing conditions are noted on page 70 of the Summary Plan Description. This plan excludes coverage for one year any physical and/or mental condition, injury or sickness for which the covered person received treatment, incurred expenses or received diagnosis from a physician or for which the symptoms existed during the 90 days prior to the effective date of coverage. Pre-existing conditions are not covered for the first 12 months of coverage.
2. Special enrollment periods for individuals and dependents (Section 146.117 of the PHSA): Special enrollment provisions are noted on pages 83-85 of the Summary Plan Description. Eligible employees can only enroll during these intervals.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status (Section 166.121 of the PHSA): The City reserves the right to impose the pre-existing condition exclusion clause to minimize the risk of anti-selection. For example, the plan allows for an examination of the three months prior to coverage to determine if a claim filed within 12 months of the effective date of coverage was related to a pre-existing condition. See definition of pre-existing condition in number one above.
4. Standard relating to benefits for mothers and newborns (Section 2704 of the PHSA): Standards relating to both mother and newborn are noted on page 17 (Basic) and page 49 (Premier) of the Summary Plan Description. The newborn child will be covered from birth provided the new child is enrolled within 60 days of birth. If the newborn child is not enrolled within 60 days of birth, the child cannot be added until the next Open Enrollment period.
5. Parity in the application of certain limits to mental health benefits (Section 2705 of the PHSA): The Premier and Basic plans provide coverage for treatment of mental health conditions based on the following guidelines:

Under the Basic:	Under the Premier	Outpatient Group Therapy (Premier)
Reimburse In-Network 90%	\$50 per day/25 days	\$15 per visit up to 40 visits per contract year
Reimburse Out-of-Network at 70%	Max per contract year	No coverage for Out-of-Network
Reimburse Out of area at 80%	No coverage for Out-of-Network	No coverage for Out-of-Network

See pages 18-21 (Basic) and 50-54 (Premier) of the Summary Plan Description.

If you have any questions about this information, please contact The Benefits Service Center at (901) 576-6761.

NOTICE REGARDING COBRA RIGHTS FOR EMPLOYEES & DEPENDENTS

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring Group Health Plans offer employees and their families the opportunity for a temporary extension of health coverage called “CONTINUATION COVERAGE” at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. **(Please take the time to read this notice carefully).**

- If you are an employee of the City of Memphis, covered by the City of Memphis Basic, City of Memphis Premier, Dental & Vision Coverage you have the right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reason other than gross misconduct on your part)
- If you are the spouse of an employee covered by the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage you have the right to choose continuation coverage for yourself if you lose group health coverage for any of the following four (4) reasons:
 1. The death of your spouse
 2. A termination of your spouse’s employment or reduction in your spouse’s hours of employment
 3. Divorce or legal separation from your spouse
 4. Your spouse becomes entitled to Medicare
- In the case of a dependent child of an employee covered by the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage he or she has the right to continuation of coverage if group health coverage is lost for any of the following five (5) reasons:
 1. The death of an employee
 2. A termination of the employee’s employment or reduction in the employee’s hours of employment
 3. Employee’s divorce or legal separation
 4. The employee becomes entitled to Medicare
 5. The dependent child ceases to be a “dependent child” under the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage

Under the law, the employee or family member has the responsibility to inform the City of Memphis Benefits Office of: a divorce, legal separation, or a child losing dependent status under the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage within sixty (60) days of the date of the event or the date in which coverage would end under the Plan because of the event, whichever is later.

The City of Memphis has the responsibility to notify the Plan Administrator for the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage of the employee’s death, termination, reduction in hours of employment or Medicare entitlement.

- Similar rights may apply to certain retirees, spouses, and dependent children if your employer commences bankruptcy proceeding and these individuals lose coverage.

When the City of Memphis Benefits Office is notified that one of these events has happened, the City of Memphis Benefits Office will in turn notify you that you have the right to choose continuation of coverage. Under the law, you have sixty (60) days from the date you would lose coverage because of one of the events described above, or the date notice of your election rights is sent to you, whichever is later, to inform the City of Memphis Benefits Office that you want continuation of coverage.

NOTICE REGARDING COBRA RIGHTS FOR EMPLOYEES & DEPENDENTS

If you do not choose continuation of coverage, your Group Health Insurance coverage **WILL END**. Not choosing continuation coverage may cause a break in your continued coverage, and such a break of more than sixty-three (63) days may cause loss of coverage portability.

If you choose continuation of coverage, the City of Memphis is required to give you coverage, which, as of the time coverage is being provided, is identical to the coverage provided under the Plan to similarly situated employees or family members.

- The law requires that you be afforded the opportunity to maintain continuation coverage for thirty-six (36) months unless you lost Group Health coverage because of a termination of employment or reduction in hours.
- In the case that you lose Group Health coverage because of a termination of employment or reduction in hours, the required continuation coverage period is eighteen (18) months. These eighteen (18) months may be extended for affected individuals to thirty-six (36) months if events (such as death, divorce, legal separation or Medicare entitlement) occur during that eighteen (18) month period.
- The eighteen (18) months may be extended to twenty-nine (29) months if an individual is determined to be disabled (for Social Security disability purposes) as of the termination or reduction in hours of employment, or within sixty (60) days thereafter.
- In no event will continuation of coverage last beyond thirty-six (36) months from the date of the event that originally made a qualified beneficiary eligible to elect the coverage.

To benefit from this extension, a qualified beneficiary must:

- Notify the City of Memphis Benefits Office of that determination within sixty (60) days and before the end of the original eighteen (18) month period.
- Notify the City of Memphis Benefits Office in writing within thirty (30) days of any final determination that the individual is no longer disabled. However, the law also provides that you continuation coverage may be terminated for any of the following reasons:
 1. The City of Memphis no longer provides group health coverage to any of its employees.
 2. The premium for your continuation coverage is not paid on time.
 3. The qualified beneficiary becomes covered under another group health plan, unless that plan contains any exclusions or limitations with respect to any pre-existing conditions you or your covered dependents may have.
 4. The qualified beneficiary becomes entitled to Medicare.
 5. The qualified beneficiary extends coverage for up to twenty-nine (29) months due to disability and there has been a final determination that the individual is no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. Under the law, you may have to pay all or part of the premium for you continuation coverage. There is a grace period of at least thirty (30) days for payment of the regularly scheduled premium.

Important Notice from the City of Memphis Health Plan About Your Prescription Drug Coverage and Medicare

The key purpose of this notice is to advise you that the prescription drug coverage you have under your City of Memphis medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2010. (This is known as “creditable coverage.”) The reason this is important is that if you or a covered dependent are or become eligible for Medicare and you decide to enroll in a Medicare prescription drug plan during a subsequent annual enrollment period, you will not be subject to a late enrollment penalty as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

Notice of Creditable Coverage

Please read this notice carefully. This notice has information about your current prescription drug coverage with the City of Memphis Health Plan and the prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

- 1. Medicare prescription drug coverage is available to everyone with Medicare.**
- 2. The City of Memphis Health Plan has determined that the prescription drug coverage offered by the City of Memphis Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay in 2010.**
- 3. Read this notice carefully - it explains the options you have under Medicare’s prescription drug coverage, and can help you decide whether or not you want to enroll.**
- 4. If you enroll in a Medicare prescription drug plan, you and your dependents will no longer be eligible for the City of Memphis Retiree Drug plan. Before you enroll review and compare your options and decide what is best for you.**

For more information about this notice or your current prescription drug coverage, contact:

The City of Memphis Benefits Office
125 N Main Street, Room 438
Memphis, TN 38103
(901) 576-6761 Phone • (901) 576-6478 Fax

Visit www.medicare.gov or visit SSA online at www.socialsecurity.gov or call them at 1-800-633-4227 (TTY 1-877-486-2048).

What You Need To Know About City of Memphis Open Enrollment

Do I have to participate in Open Enrollment this year?

You only need to participate if you want to change, add or delete health, dental or vision coverage, or enroll in the life insurance. We encourage retirees and employees with other primary insurance to return the Other Insurance Information Form, even if you are not making changes, so the City can provide the most accurate information possible.

When is Open Enrollment and what information must I submit with my application to be processed?

You may submit your application and required documentation in person at the Benefits Office from October 12 - October 23, 2009 between the hours of 8:30 am and 4:30 pm at two locations: City Hall - 125 N Main, Room 438 and at the Benefits Satellite Center at 4225 Riverdale Road. To enroll, you must provide the following information:

- A. Completed Application
- B. Social Security Numbers for all dependents
- C. If enrolling dependent children: Birth Certificates for all children or proof of legal custody or guardianship
- D. Enrolling a spouse; Marriage License
- E. Deleting a spouse due to change in marital status; Divorce Decree or Death Certificate
- F. Deleting a dependent because of change in student status or divorce: Documentation of the last date the dependent should have been covered (i.e., Transcripts, Divorce Decree, etc.)

Currently enrolled members must submit the following:

- Documentation of full-time student status, if you have a dependent child between the ages of 19 and 25 currently enrolled.
- Disability documentation, if you have a disabled or handicapped child currently covered

May I send in my application and required documentation by registered mail?

You may send by **certified mail only** (to confirm receipt). Your signed and completed applications must be **notarized** with all required documentation to the Benefits Office, 125 N. Main, Room #438, Memphis, TN 38103 from October 12, 2009 - October 23, 2009. All mailed documentation must be postmarked **no later than October 23, 2009**.

Do I have to have a physical before I can enroll in a plan?

You will not need to complete an Evidence of Insurability Form or get a physical to enroll yourself or a dependent in one of the medical plans; however, a certificate of credible coverage must be provided with no break in coverage for 63 days or more as set forth in the Summart Plan Description for each benefit plan.

However, Evidence of Insurability (EOI) is required for Contributory Life Insurance and Voluntary Life enrollment. Please contact the Benefits Office for EOI forms.

Who is eligible?

All full-time City employees and their eligible dependents may apply. Only retirees who are currently enrolled in a City health plan may change their health coverage.

Eligible dependents include: Lawful spouse, unmarried children under the age of 19 or between the ages of 19-25 and enrolled in an accredited academic school as a full-time student (Full-time student status must be documented by January 31st and August 31st); the dependent must be primarily supported by the employee.

Remember: It is your responsibility to notify the City of Memphis of all changes – additions or deletions.

How can I tell if my insurance changes have been processed?

Deduction changes for both Active and Retired Employees will be reflected on the first check in December. Please see the sections on rates to determine the correct deductions amounts.

What about Dental and Vision Coverage?

Dental and Vision Information is included in this packet. Please review carefully. If you have any questions regarding dental and vision benefits contact the City of Memphis Benefits Office at 901-576-6761.

How can I contact the Vendor directly, if I have questions?

United Healthcare 866-540-5933

Medical Plans

Dental Plans

Vision Plan

Caremark 866-722-2001

**OPEN ENROLLMENT
CHANGES ARE EFFECTIVE
JANUARY 1, 2010**



City of Memphis MEDICARE RETIREE CHANGE FORM

2010

NOTE: Only complete if you wish to change plans, add or delete dependents to your health coverage

EMPLOYEE INFORMATION				COMPLETE ALL THAT APPLIES				EMPLOYER USE ONLY	
Employee Name (Last Name, First Name, Middle Initial)		List PCP ID Number		<input type="checkbox"/> RETIREE		<input type="checkbox"/> SURVIVOR		EFFECTIVE DATE EMPLOYEE / /	
Social Security Number — —		Sex (M or F)		Date of Birth – MM/DD/YY		<input type="checkbox"/> CITY OF MEMPHIS BASIC <input type="checkbox"/> CITY OF MEMPHIS PREMIER <input type="checkbox"/> CITY OF MEMPHIS BASIC ADVANTAGE <input type="checkbox"/> CITY OF MEMPHIS PREMIER ADVANTAGE		EFFECTIVE DATE DEPENDENT(S) / /	
Street Address								TERMINATION DATE / /	
City		State		Zip		<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CANCEL		DIVISION CODE	
Daytime Phone Number () -		Evening Phone Number () -		YOUR PLAN WILL COVER		<input type="checkbox"/> FAMILY <input type="checkbox"/> SINGLE		HIRE DATE: / /	
Division		E-Mail Address							
List all dependents you wish to <u> </u> ADD TO YOUR COVERAGE or <u> </u> DELETE FROM YOUR COVERAGE or <u> </u> UPDATE SOCIAL SECURITY NUMBER on your coverage.									
Last Name	First Name	Initial	Social Security Number			Date of Birth (MM/DD/YY)	Sex (M or F)	Full Time Student (YES / NO)	For Premier ONLY (List PCP ID Number)
Spouse									
Dependent									
Dependent									
Dependent									
If you or your dependents are covered by other group insurance, please fill out the following information:									
Name of Person covered by other insurance			Social Security Number 			Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D	
Name of Company this Person works for			Group No.			Medicare HICN:		Effective Date / /	
Name of other Insurance Company			Effective Date:			Name:		Relationship:	
List dependents Covered:						Comments:			

By signing below, I certify that: the information provided above is true and correct. I accept the plan rules as set forth by the City of Memphis; and I authorize payroll deduction for the plan above.

Form must be completed and signed by City employee to be accepted.		REC'D BY INITIAL / DATE	ENTERED BY / DATE	NOTORIZED BY / DATE
Retiree's Signature	Date			



City of Memphis NON-MEDICARE RETIREE CHANGE FORM

2010

NOTE: Only complete if you wish to change plans, add or delete dependents to your health coverage

EMPLOYEE INFORMATION			COMPLETE ALL THAT APPLIES			EMPLOYER USE ONLY	
Employee Name (Last Name, First Name, Middle Initial)		List PCP ID Number	<input type="checkbox"/> RETIREE	<input type="checkbox"/> SURVIVOR		EFFECTIVE DATE EMPLOYEE / /	
Social Security Number — —	Sex (M or F)	Date of Birth – MM/DD/YY	<input type="checkbox"/> CITY OF MEMPHIS BASIC			EFFECTIVE DATE DEPENDENT(S) / /	
Street Address			<input type="checkbox"/> CITY OF MEMPHIS PREMIER			TERMINATION DATE / /	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> CANCEL	DIVISION CODE	
City		State	Zip		<input type="checkbox"/> Waive Coverage		
Daytime Phone Number () -		Evening Phone Number () -		YOUR PLAN WILL COVER			HIRE DATE: / /
Division		E-Mail Address		<input type="checkbox"/> FAMILY <input type="checkbox"/> SINGLE			

List all dependents you wish to ADD TO YOUR COVERAGE or DELETE FROM YOUR COVERAGE or UPDATE SOCIAL SECURITY NUMBER on your coverage.

Last Name	First Name	Initial	Social Security Number	Date of Birth (MM/DD/YY)	Sex (M or F)	Full Time Student (YES / NO)	For Premier ONLY (List PCP ID Number)
Spouse							
Dependent							
Dependent							
Dependent							
Dependent							

If you or your dependents are covered by other group insurance, please fill out the following information:

Name of Person covered by other insurance		Social Security Number 	Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D	Effective Date / /
Name of Company this Person works for		Group No.	Medicare HICN: Name: Relationship:		
Name of other Insurance Company		Effective Date:	Comments:		
List dependents Covered:					

By signing below, I certify that: the information provided above is true and correct. I accept the plan rules as set forth by the City of Memphis; and I authorize payroll deduction for the plan above.

Form must be completed and signed by City employee to be accepted.	REC'D BY INITIAL / DATE	ENTERED BY / DATE	NOTORIZED BY / DATE
Retiree's Signature Date			



CITY OF MEMPHIS LIFE INSURANCE ENROLLMENT/CHANGE FORM (Contributory Life Insurance)

☐ New Enrollment☐ Update Beneficiary☐ Cancel Coverage

DEPT	SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	MO	DAY	YR	SEX
		EMPLOYEE NAME			DATE OF BIRTH			DATE OF HIRE			

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARY CURRENT

▲Contributory Life Insurance (Optional) Available to all City of Memphis full-time employees, coverage amount is equal to 1.5 times the annual base salary at a monthly cost of .18/\$1,000 of coverage. Coverage begins reducing at age 65 or upon retirement to \$3,000.

Please check one:

- ☐ I wish to enroll in the Contributory Life insurance. You are eligible for \$ _____ at a cost \$ _____ per pay period
- ☐ I **DO NOT** wish to enroll in the Contributory Life insurance
- ☐ Reserve Officers -You are eligible to receive only **\$3,500** life insurance at no cost to you
- ☐ School Crossing Guards - You are required to enroll with **\$3,500** at a cost of **44¢** per pay period

***If a minor or estate of the insured is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. Please take this into consideration when naming your beneficiary.**

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

Contingent Beneficiary: Contingent Beneficiary(ies) will be used only if primary beneficiary is deceased.

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	

I understand that the above named beneficiaries are for City of Memphis Life Policies, for which I am currently enrolled and I authorize payroll deductions if contributory (optional) life was selected.

SIGNATURE

DATE

NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE

DATE



CITY OF MEMPHIS LIFE INSURANCE ENROLLMENT/CHANGE FORM (Voluntary Life Insurance)

☐ New Enrollment

☐ Update Beneficiary

☐ Cancel Coverage

	- -							
DEPT	SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	SEX
		EMPLOYEE NAME			DATE OF BIRTH			DATE OF HIRE

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARY CURRENT

***If a minor or estate of the insured is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. Please take this into consideration when naming your beneficiary.**

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

Contingent Beneficiary: Contingent Beneficiary(ies) will be used only if primary beneficiary is deceased.

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

I understand that the above named beneficiaries are for City of Memphis Life Policies, for which I am currently enrolled and I authorize payroll deductions if contributory (optional) life was selected.

SIGNATURE

DATE

NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE

DATE



CITY OF MEMPHIS DEATH BENEFITS ENROLLMENT/CHANGE FORM (Non-Contributory Death Benefits)

☐ New Enrollment

☐ Change Beneficiary Only

	- -										
DEPT	SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	MO	DAY	YR	SEX
		EMPLOYEE NAME			DATE OF BIRTH			DATE OF HIRE			

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARY CURRENT

▲Non-Contributory Death Benefit (free) coverage amount is **\$10,000** (reduced to **\$5,000** upon retirement) provided automatically to all City of Memphis regular, full-time employees.

***If a minor or estate of the insured is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. Please take this into consideration when naming your beneficiary.**

•After proof of paid funeral expenses is received, benefit balance, if any, is paid to the Beneficiary.

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

Contingent Beneficiary: Contingent Beneficiary(ies) will be used only if primary beneficiary is deceased.

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

I understand that the above named beneficiaries are for City of Memphis Death Benefit, for which I am currently enrolled.

SIGNATURE

DATE

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DATE

OTHER INSURANCE INFORMATION UPDATE FORM

If you are not making changes to your medical plan, but have other insurance that is primary to your City of Memphis Plan, please complete and return this form. This will allow us to update our files with the most accurate information and enable us to process coordination of benefits correctly.

Participant Name: _____ Participant Social Security #: _____

Active/Retired/Survivor: _____ If Retired, Date of Retirement: _____

Other Insurance Information:

Name of Other Insurance Company: _____

Name of Insured: _____

Relationship of Insured to City Participant: _____ Group #: _____

Other Insurance Identification #: _____ Other Insurance Effective Date: _____

All Persons covered under this plan: _____

Medicare Coverage Information:

Employee/Retiree/Survivor Name: _____

Medicare Claim Number: _____

Medicare A: yes no Effective Date: _____

Medicare B: yes no Effective Date: _____

Medicare D: yes no Effective Date: _____

Name of Spouse: _____

Medicare Claim Number: _____

Medicare A: yes no Effective Date: _____

Medicare B: yes no Effective Date: _____

Medicare D: yes no Effective Date: _____

Return completed form to:
City of Memphis Benefits Office
125 N Main, Suite 438
Memphis, TN 38103



City of Memphis Benefits Department
125 North Main Room 438
Memphis, Tennessee 38103-2017
Phone: (901) 576-6761
Fax: (901) 576-6478

Flex Benefit Plan Enrollment/Change Form

Directions:

Employee - Complete Sections 1, 2 and 3

Employer - Complete 'Change Type' Box to the right and complete Section 4

Please call UnitedHealthcare Benefit Services if you have any questions

Change Type: Date of event ____/____/____
(Section 4 below must be completed)

- ☐ Address/Name change
☐ New Hire
☐ Termination (must complete COBRA form*)
☐ Change in Status _____
☐ Unpaid Leave of Absence
☐ Return from Leave of Absence

*For out-of-Pocket Medical Expense account participants

1 Employee Information

Social Security Number ____	Email Address _____	Plan Year: From ____/____/____ To ____/____/____ Effective Date: ____/____/____ (New Employees Only)
Employer Name (Last name, First name, Middle Initial)		
Employee Address (Street, Apt #)		
Employee Address (City, State, Zip Code)		
Employer Name City of Memphis Government		

2 Flex Benefit Election

☐ I hereby elect to participate in the Flex Benefit Plan offered by my Employer, thereby paying my expenses with before-tax dollars. I hereby authorize my Employer to reduce my income subject to taxes in the total amount stated below for the above Plan Year. If my group insurance requires a change in my contribution during the Plan Year I authorize my Employer to make the contribution adjustments.

I. Dependent Day Care Expenses \$ _____ ÷ 24 = \$ _____
(Calendar year limit of \$5000 per family OR \$2500 if married and file separate tax returns)
Plan year Election Amt No. of Paychecks Amount Per Paycheck

II. Out-of-Pocket Expenses \$ _____ ÷ 24 = \$ _____
(Expenses for Medical, Dental, Vision, etc.)
Plan year Election Amt No. of Paychecks Amount Per Paycheck

Do you or any of your family members participate in a Health Savings Account (HSA)? ☐ Yes ☐ No
(If yes, an out-of-pocket medical expense FSA is not available.)

☐ I hereby elect NOT to participate in the Flex Benefit Plan offered by my Employer, thereby paying my expenses with after-tax dollars. I also understand that I will have an opportunity to make a new election, if I so desire, prior to the beginning of each subsequent Plan year, in accordance with the procedures described in the Plan Document.

3 Signature and Acknowledgement - The back of this form must be read before signing

This agreement will remain in effect for the Plan year unless changed for reasons stated in the terms and conditions of the Plan on the back of this form. By affixing my signature below, I certify that I have examined this agreement and understand and agree to comply with the terms and conditions of the Plan. If this is a change in status, I certify that this change is consistent with the qualifying event. I agree to hold UnitedHealthcare Benefit Services and my employer harmless from any liability to my participation in this plan.

Employee Signature _____ Date ____/____/____

4 Employer's Use Only

Category	First Payroll Date	Last Payroll Date	YTD Deductions	\$ _____ (Dental)	\$ _____ (Life)	\$ _____ (Other)
Group Ins.	____/____/____	____/____/____	\$ _____ (Health)			
Day Care	____/____/____	____/____/____	\$ _____			
Medical	____/____/____	____/____/____	\$ _____			
Private Ins.	____/____/____	____/____/____	\$ _____			
Authorized Signature _____				Date ____/____/____		

First Payroll Date applies if making a new election. Last Payroll Date and YTD Deductions apply if changing an old election or termination.

TERMS AND CONDITIONS

By signing the front of this election form, I understand that:

The dependent day care expenses and out-of-pocket medical expenses that qualify under Section 125 of the Internal Revenue Code are separate flexible benefit accounts. My contributions to and expenses incurred for each flexible benefit account are separate and non-transferable from one account to another.

I will be reimbursed for out-of-pocket medical expenses at any point during the Plan Year up to the amount of my Plan Year Election. Dependent day care expenses will not be reimbursed in excess of the amount in my flex account, unless otherwise specified by my employer.

In order to change my election after the Plan Year has begun, I must experience a qualified Change in Status Event. Election changes due to a Change in Status Event must be made within 60 days after the event unless otherwise specified in my Summary Plan Description AND must be consistent with the change that took place as defined by the IRS Consistency Rule. The effective date of the election brought forth by the Change in Status Event is the later of the: (1) date of the Change in Status Event, or (2) the date you requested the change, except for the birth or adoption of a child where HIPAA special enrollment rules apply. The following chart outlines the qualifying Change in Status Events:

Events for employer-sponsored health-related and group term life insurance plans and the out-of-pocket medical expense account
Change in Status – Qualifying Events
1. Change in legal marital status – Marriage, divorce, death of spouse, legal separation, and annulment. 2. Change in the number of tax dependents – Birth, adoption, placement for adoption, and death of a dependent. 3. Change in employment status of the employee, employee's spouse or employee's dependent(s) – Termination or commencement of employment, strike or lockout, commencement of, or return from an unpaid leave of absence, a switch between part-time and full-time employment, or a change in worksite. 4. Dependent satisfies (or ceases to satisfy) dependent eligibility requirements – Due to attainment of limiting age under the insurance plan, gain or loss of student status, marriage or any similar circumstance. 5. Residence change of the employee, employee's spouse, or employee's dependent(s) – Only allowable if the change in residence affects the employee's eligibility for coverage.
Consistency Rule
In order to change your election, the change must be on account of and correspond with a Change in Status Event that affects you, your spouse or your dependent's eligibility for the employer-sponsored benefit plan(s). In other words, the increase or decrease in your flexible benefit plan election amount must be consistent with the gain or loss of your eligibility to participate. If the Change In Status Event does not affect the eligibility of that insurance and/or out-of-pocket medical expense you cannot make the change. Special consistency rules also apply for the following situations: loss of dependent eligibility, gain of coverage eligibility under another employer's plan, and life or disability coverages. Should you need clarification of these events, please call ProcessWorks.
Additional Change in Status – Qualifying Events
Cost changes with automatic election increases/decreases,* significant cost increases,* significant coverage curtailment,* addition or elimination of benefit package options offered by your employer,* change in coverage of spouse or dependent under another employer's plan,* Family Medical Leave of absences as qualified under FMLA, HIPAA special enrollment rights, qualification and election under COBRA or state continuation,* Medicare or Medicaid entitlement or curtailment, or a judgment, decree or court order including a Qualified Medical Child Support Order.
* Does not apply to the out-of-pocket medical expense account.
Events for Dependent Day Care Account
Marriage, divorce, death, birth or adoption of a child of the employee, termination or commencement of employment of the employee's spouse, a switch between full-time and part-time by the employee or employee's spouse, taking an unpaid leave of absence or returning from an unpaid leave by the employee or employee's spouse, going on or returning from a Family Medical Leave of absence as qualified under FMLA.

The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it believes the reduction or cancellation is advisable in order to satisfy certain provisions of the Internal Revenue Code. Prior to each Plan Year I will be given the opportunity to change my Flexible Benefit Plan Election for the upcoming Plan Year.

My Social Security benefits may be affected because I am lowering my taxable income by electing to participate in the Flexible Benefit Plan. This means that my Social Security benefits could be decreased because of the decreased amount of compensation which is considered for Social Security purposes. In most cases, my Flexible Benefit Plan election will not affect any other benefits I receive from my Employer. However, paying for disability income policies pre-tax will cause the benefits payable there under to be taxable.

To receive these tax-free benefits, I must plan ahead. Planning is important because the IRS says that I will lose any unused money in my flex accounts at the end of the Plan Year. These tax-free dollars can only be used for eligible dependent day care and out-of-pocket medical expenses that were incurred (not paid or billed) during the same Plan Year in which I set aside the money for. All claims must be submitted by the end of the Plan Year filing period. Any claims submitted after that time cannot be considered. Any monies forfeited may not be paid back to me in any manner or used to provide future benefits, according to IRS regulations.